

Minutes of the Combined Health & Human Services Board & Committee

Thursday, March 11, 2010

Chairs Paulson and Farrell called the meeting to order at 1:30 p.m.

Committee Members Present: Supervisors Duane Paulson (Chair), Bill Zaborowski, Janel Brandtjen, Jim Jeskewitz, and Kathleen Cummings. Cummings arrived at 1:30 p.m. and left at 2:55 p.m. **Absent:** Supervisors Pauline Jaske and Gilbert Yerke.

Board Members Present: Citizen Members Dennis Farrell (Chair), JoAnn Weidmann, Joe Vitale, Flor Gonzalez, and Dr. Peter Geiss; and Supervisors Jim Jeskewitz, Janel Brandtjen, and Duane Paulson, and Paul Decker. **Absent:** Citizen Member Michael O'Brien.

Also Present: Health & Human Services Deputy Director Don Maurer, Legislative Policy Advisory Sara Spaeth. Senior Financial Analyst Clara Daniels, Senior Financial Analyst Bill Duckwitz, Clinical Services Manager Mike DeMares, Mental Health Center Administrator Dr. Michele Cusatis, Adolescent & Family Services Manager Peter Slesar, Children & Family Services Manager Jesús Mireles, Intake & Support Services Manager Antwayne Robertson, Child & Family Services Advisory Committee Chair Diane Ripple, Alcohol & Other Drug Abuse Advisory Committee Chair Susie Austin, Mental Health Association Executive Director Lisa McLean, Addiction Resource Council Program Coordinator James Pearson, Wisconsin Community Services Court Services Administrator Sara Carpenter.

Committee Agenda Items

Approve Minutes of 2-25-10

MOTION: Brandtjen moved, second by Cummings to approve the minutes of February 25.

Motion carried 5-0.

Correspondence

Paulson announced this is likely the last meeting of the Health and Human Services Committee. Health and Human Services Staff have been fantastic in assisting and guiding the members. The committee started out this past year with five brand new members. Paulson congratulated the committee members, as he has never seen any committee before step up becoming aware and familiar with items, thus being prepared and able to knowledgeably vote on the matters, including the budget. Paulson indicated he could not say enough about the committee and again extended his appreciation and gratitude to the committee members and staff.

Meeting Approvals

Paulson advised the next meeting of the Health and Human Services Board will be on March 25, and all are welcomed to attend and hear the Mental Health and Public Health Needs List Presentations.

MOTION: Brandtjen moved, seconded by Zaborowski to approve the attendance at the March 25 meeting. Motion carried 5-0.

Chair Paulson also noted the Waukesha County Health and Human Services Board Public Hearing Announcement, regarding the HHS Board's annual Public Hearing, to be held on Thursday, April 22, 2010 at 7:00 p.m., Waukesha County Expo Center Arena.

MOTION: Brandtjen moved, seconded by Zaborowski to approve the attendance at the April 22 meeting. Motion carried 5-0.

Board Agenda Items

Approve Minutes of 2-25-10

MOTION: Vitale moved, second by Paulson to approve the minutes of February 25. Motion carried 9-0.

Advisory Committee Reports

Weidmann reported on the Public Health Advisory Committee meeting of March 11. An update of the H1N1 summary was reported. Another issue discussed was the new HHS building. A specific concern discussed during the Advisory Board's meeting was around need for a separate entrance way for those situations in which infectious clients would be coming to the public health division. It is suggested that an occupational health specialist be engaged in the planning to insure that there is suitable provision for infectious clients to be isolated from the rest of the population, to avoid spread of infectious disease. Suggestions included having availability of a separate entrance, hands off entrance way and physical arrangement of the premises. It was suggested that by having an occupational health specialist in consultation with the design group, medical considerations could be taken into account in the early stages rather than having to rebuild or adapt later in order to insure the public's and staff safety. Public Health Manager Healy-Haney was present at the advisory committee meeting and will be forwarding information to the County architect Cerreta.

Weidmann further reported on the March 10 Wisconsin Association of Local Health Departments and Board (WALDAB) meeting in Southeast Wisconsin. A state review of H1N1 was presented. Weidmann was very impressed with the way the state individuals looked at the review afterwards, to see that they did everything they could of, good feedback, and how the state really stepped up response and handling of H1N1 as opposed to the Pertussis scenario years ago. Weidman noted that because of H1N1, the Chapter 140 review was conducted electronically. Weidmann requested that contact be made with Robert Harrison to obtain a copy of the report results. Finally, Weidmann advised of a legionella disease cluster in three Southeast Wisconsin communities in Milwaukee County. To date, 5-7 case have been reported and they are in the process of finding out where it originated. To date no cases of legionella disease have been reported in Waukesha County.

Vitale reported that Waukesha County Health and Human Services Joint Conference Subcommittee met on March 1. The committee reviewed hospital statistics, performance improvement, utilization review, and hospital services update.

Farrell reported the Mental Health Advisory Committee will be meeting on March 15 and they will be giving their unmet needs presentation on March 25. As Chair Paulson advised earlier all are welcomed to attend and hear the Mental Health and Public Health Needs List presentations in the Board Room of the Health & Human Services building.

The Aging & Disability Resource Center (ADRC) met and discussed the new HHS building.

Future Agenda Items

- New HHS Building (Farrell)
- Presentation on environmental factors/air quality advisories seen increase in cancer. (Decker)

Alcohol & Other Drug Abuse Advisory Committee Needs Presentation

Introductions were exchanged. Susie Austin was present to discuss the Committee's needs recommendations for 2011. Copies of the AODA Advisory Committee's unmet needs list for 2011 were distributed and are as follows:

1. Successfully transition prisoners from corrections to society by expanding the Day Reporting Center at the Huber facility to include a county AODA position, which would have access to county doctors and services that would cover medications, treatment and the many needs of this population. They are asking for the realignment of an existing position that had been unfunded several years ago. Refunding of this position is being requested at this time. This county employee would be housed at the current Day Reporting Center, which would move it closer to becoming a one-stop Reentry Center. This center could eventually be expanded and relocated to become a full working Reentry Center, which would welcome community based organizations to assist with successful reintegration and transition of offenders back into our communities. They feel this would be the best use of this frozen county position. If this is not possible, they request the position to remain frozen and at this time, they would request an additional half time position at the Day Report Center staffed by WCS. (\$50,000)
2. Funding for Suboxone medication management for opiate addiction. They note that these services were greatly reduced last year. Current Intensive Outpatient Services (IOP) could be utilized or expanded to accommodate the Suboxone program. Funds are necessary as the intensity and the epidemic of opiate addiction is significantly higher than in the past especially in the young adult population. (\$25,000)
3. They are requesting a cost of living increase for the halfway houses. (\$25,000)
4. Continue to support existing programs at current level of funding.

Ms. Austin noted that the face of addiction treatment in Waukesha County is changing. With the closing of the Lawrence Center in 2009 and the House of Hope in 2010, there has been a reduction of available services in Waukesha County. As of March 11, there are 669 inmates in the Waukesha County Jail, the shelters are full, and there is no funded Suboxone treatment program. Additional outpatient treatment groups have been added at the Waukesha County Outpatient Clinic to help fill the gaps left when these facilities closed. Alcohol Detox is now being done at Waukesha Memorial Hospital and the Waukesha County AODA Volunteers continue to play an important role for the county. While the need for additional AODA services at the county have grown, the funding continues to be difficult, even though it would save money in the end when recovering people become responsible taxpaying citizens.

Austin reported that upwards of 85% of people in our jails have Mental Health and AODA issues, and there is very little to no programs available for individuals when they get out of jail. We are

trying to bring these pipelines back into the community, to collaborate with organizations and become a coalition of agencies with the eventual outcome so that we can be eligible for future possible grant funding as these coalition reentry centers are the way of the future. Wisconsin Community Services staffs the day reporting center at the Huber facility. There are two staff persons at this time and they are working directly through the Community Alcohol Treatment Court, so if there is room available in that facility for one more person, it is believed that the person could be located there and it could be called a reentry center. Currently the Community Alcohol Treatment Court works with the Criminal Justice Collaborating Committee and funds that particular program doing the treatments instead prison.

In response to a question about detox services, DeMares reported that with Waukesha closing the Lawrence Center, residential treatment services ended through Waukesha Memorial Hospital. The Suboxone program that we co-authored with them was then transitioned to occur within the confines of Waukesha Memorial Hospital on a limited basis, largely dependent upon insurance coverage. The Suboxone program we created with Lawrence Center was a limited 16-week program, which included Suboxone, physician services, and counseling. As we went further into the venture, more individuals remained on Suboxone, therefore that program changed drastically and simultaneously to that the federal government opened up more opportunity in the community for individuals to see a physician who could prescribe suboxone. Because of this and the tight budget, Waukesha County discontinued opiate detox except for clients at the Mental Health Center, and discontinued the community based suboxone program because it was becoming more of a maintenance program, which further increased cost. There is no residential program anymore at Waukesha Memorial, however, we do still contract for residential services when need through other agencies. Intensive Outpatient services at the clinic have increased and an additional module has been added to the program, with the trend being away from residential or hospital, unless life threatening.

Gonzalez arrived at 1:15 p.m.

Child & Family Services Advisory Committee Needs Presentation

Ripple, McLean, Carpenter, Pearson, Slesar, Mireles, and Robertson were present to discuss this issue. Copies of the CAFSAC Advisory Committee's unmet needs list for 2011 were distributed and are as follows:

Ripple reported the mission of the Child and Family Services Advisory Committee is provide recommendations and consultation to the Health and Human Services Board on the needs of all children and their families residing in Waukesha County via strategic planning for prevention and early intervention. In light of budgetary reductions from many sources, in order to adequately sustain programs that promote family well being and community safety, we have an obligation to invest in our community. They are asking the Board to provide sufficient funding to maintain existing community based services and meet increased needs. Current funding for United Way is down 10% in first quarter of 2010, and may be down as much as 14% for the year. Other revenue is down anywhere from 15-40% depending on the agency and the program, and special event revenue takes more staff investment to net the same results as previous years. Not only has the funding for agencies become more challenging, but the unemployment rate is up to 7.9% as of the end of 2009, with foreclosure filings continuing to increase, Waukesha County's FoodShare (Food Stamps) caseload has almost doubled, and individuals living below the federal poverty level has almost

doubled since the 2007 census was done. The demand for food assistance at the Food Pantry is up 9.2% since 2008, 4 in 1,000 children are on SSI, 5% of Waukesha children live below the federal poverty level, and the minority population in Waukesha is increasing every year as well. The impact of this reality is we are seeing waiting lists for more people in need in the County, reduced FTEs at agencies over the last two years, with remaining staff absorbing increased workloads, and that makes it increasingly difficult to maintain quality service delivered in a timely manner to all who need it. Continued reductions will result in loss of services and programs will no longer be sustainable.

Carpenter focused in on the Waukesha County Strategic Plan and the fact that the agencies involved on the CAFSAC committee work very hard to be in line with the outcomes defined in the strategic plan, which are community safety, cost effectiveness, and serving families at risk. With funding reductions, programs and agencies are not in a position to be cost effective and remain efficient and that drives up the cost of services. Staff and programs are stretched trying to do more with less, and further reductions in funding will result in reduced levels of service and our inability to meet these outcomes. Examples of cost savings to Waukesha county are: 211/First Call for Help assisted 386 youth related cases at a cost of \$4,281 for early intervention services in 2009 versus \$9,747 if these sample people would have utilized crisis services, \$1,000 in early intervention programming for a child with special needs will save \$4,000 to \$7,000 per child over 36 months, Prevention and Protection of Abused Children's cost to provide in-home parent support worker is \$17,25 per family per year where the average cost for one child in foster care is approximately \$7,302 per year, and the C.A.R.E Center saved Waukesha County \$291,200 in 2009 by providing recorded forensic interviews, which saves investigative/prosecution time by allowing more cases to be plead out (in 2009, there was only one jury trial all other cases plead out). In 2009, the Wisconsin Community Services Home Detention program had 83% of 141 high risk juveniles who completed the program successfully and 65% of that total were kept from returning back to the Juvenile Detention Center, and if you look at the 65% of youth just for one day, the cost savings was \$22,707, then for two days that cost is doubled to \$45,000. The intensive supervision workers are on call 24/7 and field thousand of calls to prevent crisis intervention from police being called to the home and then placement in the Juvenile Center. In 2010, the Intensive Tracking Program costs \$7,655 per youth per year versus \$99,470 per year per youth in corrections, and in that program, because it is under the WCS umbrella, for this amount this program could serve 26 youth and in this program, 88% of the youth completed the program successfully, and were able to avoid further delinquencies and placement in the juvenile center or Ethan Allen.. 100% of youth returning from correctional facilities were successfully integrated home and to the community. She noted the multiple years of reductions that WCS has endured. In 2009, over 50% of the children enrolled in the Birth to Three Program were not in need of early childhood services through the public schools system at time of discharge, and United Cerebral Palsy Respite Childcare served 190 individuals from 175 families.

Pearson touched on other positive outcomes. 211/First Call For Help, which are prevention and early intervention services cost \$580,672 versus more costly crisis services that would have cost the community \$980,054. The overall 2009 recidivism rate for juvenile offenders served was 26.5%, and of the 143 juveniles in the Home Detention Program, 95% of the youth did not engage in further delinquent behavior while involved in the program. As a result of a program at the Addiction Resource Council, of the 170 teenagers who participated in that program, we increased their perception of risk with alcohol use from 80% to 100%.

McLean emphasized the collaborative nature that all CAFSAC agencies engage in out in the community, for example, 211 First Call For Help answers Addiction Resource Center crisis calls, formed a Parenting Program Advisory group as a result of some webinars that we participated in over the summer, the Women's Center provides a family advocate for non-offending parents at the C.A.R.E. Center, and we are making more of an effort on regional collaboration so we can maximize our services, efforts, and resources to benefit the families the serve.

CAFSAC agencies continue to provide cost effective services delivered with competence and skill to at-risk families in Waukesha County. CAFSAC agencies pledge to maximize the County's investment in prevention and early intervention services through efficient delivery and creative collaborations, but noted that the continuing funding reductions threaten their abilities.

Report on Mental Health Center Certificate of Need Process

DeMares and Cusatis were present to discuss. Maurer reported that this item was something that the Joint Committee heard about two weeks ago, and provides an excellent example of why you regularly hear about the need to have staff and procedures in place to insure proper documentation, as fiscal impact is always a possibility. DeMares noted that as part of the Joint Conference Committee there is always the report of statistics and finances as it relates to the operations of the Mental Health Inpatient Unit. On the latest report, a take back from Medicaid of approximately \$60,000 was listed on the report. Because the amount of take back by Medicaid was relatively high, there was a question on what causes that, how does that work, what is the system, and that is why we are here today to explain on behalf of the Joint Conference Committee, which was requested by Farrell and Brandtjen.

DeMares reported that when Medicaid recovers money it is generally related to the person was not eligible, not a need for hospitalization, paperwork was not done correctly, change in status by a client, insurance payment in lieu of Medicaid, etc. Medicaid tends to do things in clusters of years, and so the amount of dollars requested to be returned to Medicaid in this situation represented three years. In this particular situation, the nine exception situations involved a form ("Condition of Need") that wasn't in the file, or that wasn't signed and dated correctly as T-19 coverage was not reported, or had been pending at the time of admission.

Cusatis reported that the period Medicaid reviewed was 2006-2008 and in 2006 there were 5 cases that they found basis to take back \$39,000, 3 cases in 2007 with \$22,000, and 2008 1 case of \$4,000. To avoid the possibility of the Certification Of Need form not being included in the record due to present T-19 ineligibility or pending status, a procedure was put into place in early 2009 which calls for the form to be signed and filed for all patients 21 and under, and over age 65. Social workers now have a space on their checklist to verify that they have completed those forms. The Utilization Review Nurse gets a copy at discharge, the records administrator makes sure it is in the file, and sends a copy of that form over to billing.

Committee Agenda Items

Ordinance 164-O-103: Reauthorize the Use of the Secure and Non-Secure Detention Facilities for Short Term Detention

Paulson advised that this ordinance is to reauthorize the use of the secure and non-secure detention facilities for short-term detention. Slesar was present to explain that although the tool is not used

often, it is an important tool to have available with certain youth. It has a cost of \$7,000 in 2008, \$30,000 in 2009, and all we are asking is for is continuation.

MOTION: Jeskewitz moved, second by Cummings to approve Ordinance 164-O-103. Motion carried 5-0.

Motion to Allow Secretary Cummings to Approve the Final Set(s) of Committee Minutes on Behalf of the Committee

MOTION: Jeskewitz moved, second by Brandtjen to allow Secretary Cummings to approve the minutes on behalf of the Committee. Motion carried 5-0.

Cummings left at 2:55 p.m.

Joint Agenda Items

Report on Human Services Day at the Capital

Paulson, Maurer, and Brandtjen went to Madison for this first time event, co-sponsored by the Wisconsin Counties Association (WCA) and the Wisconsin Counties Human Services Association (WCHSA). They met with seven local legislators or their staff, and presented the case of funding trends and other issues we are encountering, and which pre-date the current recessionary times. Chair Paulson started the meetings with a describing real clients who are affected on a personal basis, Brandtjen discussed the return on investment realities and the need to invest to avoid deep end costs, , and Maurer walked them through the 15 year history of numbers. Everyone seemed to feel we had a valid concern, and several noted the benefit of having these conversations now, rather than waiting for the thick of the state budget process. Spaeth has suggested the idea of inviting the legislators back her to Waukesha to talk more about our programs so they are more connected. Having that opportunity to connect is one the few things that we can do to plead our case. Maurer noted this was the first time WCA and WCHSA attempted this Human Services focused discussion. Maurer shared a chart which was used, and which calls attention to the reality of the county's consistent efforts to meet its share of funding responsibility, but the state's failure to fulfill theirs, and the shortfall and impact that has resulted. Spaeth has sent a follow up email thanking representatives and senators we met with and felt it was a positive visit.

Review of Committee Contributions and Achievements

On behalf of Schuler and the HHS staff, Maurer expressed their gratitude to the Committee for their past two years of work, and indicated that they were indeed noteworthy for their dedication, interest, and participation. He mentioned their participation rates and interest in education and learning involving tours, the numbers and types of questions that were asked, the open mindedness and respect factor of staff time via joint board and committee meetings, the follow up activities and time investments on items that were presented, such as the recent Human Services Day at the Capitol, and the wonderful chemistry of the committee and board members.

MOTION: Zaborowski moved, second by Brandtjen to adjourn the committee at 4:15 p.m. Motion carried 5-0.

MOTION: Vitale moved, second by Weidmann to adjourn the board at 4:15 p.m. Motion carried 9-0.

Recorded by Linda Johnson

Approved on _____
Date